

PHYSICIAN ASSISTANT DELEGATION OF SERVICES AGREEMENT

A Delegation of Services Agreement is to be maintained at each practice site and is to be available to DOPL upon request. It consists of written criteria jointly developed by a physician assistant's supervising physician and any substitute supervising physicians and the physician assistant that permits a physician assistant, working under the direction or review of the supervising physicians, to assist in the management of illnesses and injuries common to the physician's scope of practice.

The following information must be legible. Use additional sheets if necessary.

DO NOT SUBMIT YOUR DELEGATION OF SERVICES AGREEMENTS TO DOPL WITH YOUR APPLICATION FOR LICENSURE.

Physician Assistant Name: _____

Supervising Physician Name: _____

Utah License Number: _____

Substitute Supervising Physician(s):

Name: _____ Utah License Number: _____

Name: _____ Utah License Number: _____

Name: _____ Utah License Number: _____

Name: _____ Utah License Number: _____

PRACTICE SITE(S):

1. Name of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Name of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

DEGREE AND MEANS OF SUPERVISION:

The supervising physician shall provide supervision to the physician assistant to adequately serve the health care needs of the practice population and ensure that the patient's health, safety, and welfare will not be adversely compromised. There shall be a method of immediate consultation by electronic means whenever the physician assistant is not under the direct supervision of the supervising physician. A physician assistant holding a temporary license may work only under 100% direct supervision. There shall be a method of immediate consultation by electronic means whenever the physician assistant is not under the direct supervision of the supervising physician.

FREQUENCY AND MECHANISM OF CHART REVIEW:

The degree of onsite supervision shall be outlined in the Delegation of Services Agreement maintained at the site of practice. Physician assistants may authenticate with their signature any form that may be authenticated by a physician signature.

PRESCRIBING OF CONTROLLED SUBSTANCES:

A physician assistant may prescribe or administer an appropriate controlled substance if the physician assistant holds a current Utah controlled substance license covering the appropriate schedules of controlled substances and a current DEA registration covering the appropriate schedules of controlled substances; the prescription or administration of the controlled substance is within the prescriptive practice of the supervising physician and also within the delegated prescribing stated in the delegation of services agreement; and the supervising physician co-signs any medical chart record of a prescription of a Schedule 2 or Schedule 3 controlled substance made by the physician assistant.

In order to prescribe controlled substances, the physician assistant must have obtained his or her own controlled substance license and DEA registration. The physician assistant may not use his or her supervising physicians' controlled substance licenses or DEA registrations.

PROCEDURES ADDRESSING SITUATIONS OUTSIDE THE PHYSICIAN ASSISTANT'S SCOPE OF PRACTICE:

**PROCEDURES FOR PROVIDING BACKUP FOR THE PHYSICIAN ASSISTANT IN
EMERGENCY SITUATIONS:**

ADDITIONAL CONSIDERATIONS RELATING TO OUR PRACTICE:

Signature of Physician Assistant: _____

Date of Signature: _____

Signature of Supervising Physician: _____

Date of Signature: _____

Signature of Substitute Supervising Physician: _____

Date of Signature: _____

NOTE: It is “unprofessional conduct” under the Physician Assistant Practice Act to fail to maintain at the practice site(s) a “Delegation of Services Agreement” that accurately reflects current practices; or to fail to make the “Delegation of Services Agreement” available to DOPL for review upon request.